

Michigan Department of Community Health
EMS AND TRAUMA SYSTEMS SECTION
P.O. Box 30717
Lansing, Michigan 48909
(517) 241-0179

Authority: P.A. 368 of 1978, as amended
This form is for information only.
LICENSURE INSTRUCTIONS

GENERAL INSTRUCTIONS FOR ALL LEVELS

An individual can file an application for licensure as a MFR, EMT, EMT-Specialist or Paramedic at any time after course completion. The application will not be complete until the State has verification from the National Registry that the applicant has passed both the written and practical exams (MFR's need the written only) and verification of your course completion must be received from your Education Program Sponsor or an out of state licensing agency. **Applications must be received within two years from course completion.**

Once licensed by the State of Michigan, it is not necessary to retain the National Registry certification for license renewal or re-licensure. Michigan uses the National Registry for examination purposes only. Once you are licensed all licensees will be required to complete the continuing education mandated by the State. Being Nationally Registered does not exempt you from complying with the continuing education requirements for renewal of your Michigan license.

You must be at least 18 years of age to make application.

Mark the box on the application to determine if you are applying by exam, reciprocity/endorsement (currently licensed in another state), National Registry status only (not licensed in another state), or out of state education within the last two years.

Mark the box for the appropriate level of license for which you are applying and be sure to submit the correct fee for that level. **All fees are non refundable.** Specific instructions for each level are given below.

Failure to complete the application in its entirety and correctly may result in a delay of your application being processed for licensure. This is a two-page application. Be sure to complete both pages/sides before submitting and sign and date your application.

Volunteer Agency Employees: Applicants that work for a volunteer licensed Michigan Life Support Agency (those that do not charge for their services) are eligible for fee exemption. Please call the telephone number above and ask for the "Volunteer Agency Fee Exempt Form". (BHPPA/EMS-144)

APPLYING BY EXAM - those who completed A MICHIGAN approved education course. Education must have been successfully completed within two (2) years.

(Instructor Coordinator applicants see page 2)

1. Complete the two (2) page application form and submit it with the appropriate fee to the EMS & Trauma Systems Section within two years of course completion. **Application fees are non-refundable.**
2. Enter your education program sponsor's name and date of course completion.
3. If you have a yes answer to question number 1 or 2 on page 2 of the application, be sure to enclose a criminal conviction form DCH-HLD-002 (7/04) or signed explanation including offense, dates, location and other pertinent information.
4. Question 3 asks for any **MICHIGAN** EMS or any other State EMS license number that you have previously held. If you have ever been licensed in another state, whether it is current or expired, forward a *Verification of Out-of-State Licensure Form (BHPPA/EMS-251)* to the licensing agency in each state for their completion and submission directly to this office. National Registry is not a state; therefore, do not send this form to the National Registry.
5. If you have completed your EMS education in Michigan, exam results are verified by the State. **Applicant should not submit exam results.**

APPLYING BY EXAM – those that have completed a course in another state and are not currently licensed in any state must successfully complete the National Registry exam. Education must have been successfully completed within two (2) years in another state.

1. Complete the two (2) page application form and submit it with the appropriate fee to the EMS & Trauma Systems Section within two years of course completion. **Application fees are non-refundable.**
2. Enter the name and location of the educational program where you successfully completed your EMS education.
3. Complete section 1 of the Verification of Out-of-state EMS Program form (BHPPA/EMS-700) and forward it to your educational program for their completion. Request them to submit the verification form directly to this office. Your program sponsor must also attach a copy of the course curriculum (topic outline and hours) for review to ensure it meets Michigan education requirements. If it is deemed to be deficient in any area you may be required to obtain additional education as determined by the Department
4. If you have a yes answer to question number 1 or 2 on page 2 of the application, be sure to enclose a criminal conviction form DCH-HLD-002 (7/04) or signed explanation including offense, dates, location and other pertinent information.
5. Question 3 asks for any EMS license at any level in any state that you have previously held. If you have ever been licensed in any state, whether it is current or expired, forward a *Verification of Out-of-State Licensure Form (BHPPA/EMS-251)* to the licensing agency in each state for their completion and submission directly to this office. National Registry is not a state; therefore, do not send this form to the National Registry.
6. National Registry exam results are verified by the State. **Applicant should not submit exam results.**

APPLYING BY RECIPROCITY/ENDORSEMENT - You can apply by reciprocity/endorsement if you are currently licensed in another state and have successfully completed the National Registry exam.

1. Complete the two (2) page application form and submit it with the appropriate fee to the EMS & Trauma Systems Section within two years of course completion. **Application fees are non-refundable.**
2. After completing Part 1 of the *Verification of Out-of-State Licensure Form (BHPPA/EMS-251)*, submit to the licensing agency in each state that you are currently licensed in and to any other state that you have ever been licensed for their completion and submission directly to this office. That agency must complete the form in its entirety marking the appropriate boxes for the level of licensure they are verifying. This form is not to be sent to the National Registry.
3. Verification that you were once certified by the National Registry at the level you are applying for is obtained by the State. **Applicant should not submit exam results.**

APPLYING BY NATIONAL REGISTRY STATUS ONLY-those who are not currently licensed in another State but are currently National Registered.

1. Complete the two (2) page application form and submit it with the appropriate fee to the EMS & Trauma Systems Section within two years of course completion. **Application fees are non-refundable.**
 2. With your application submit the copies of certificates or other acceptable documentation of continuing education credits and a copy of your current CPR card. Your continuing education must meet the following:

MFR – 15 Michigan required credits
EMT - 30 Michigan required credits; 42 additional credits in any EMS category
EMT-S – 36 Michigan required credits; 36 additional credits in any EMS category
Paramedic – 45 Michigan required credits; 27 additional credits in any EMS category; ACLS
- Michigan continuing education requirements are outlined on the Continuing Education Personnel Record form BHPPA/EMS-127.

INSTRUCTOR/COORDINATOR EXAMINATION/LICENSE

To qualify for Instructor Coordinator exam/license you must currently be Michigan licensed at the EMT, EMT-Specialist or Paramedic level and have at least three years field experience as an EMT (*not that you have been licensed for three years*). Applicant must have completed the field experience providing direct patient care either with a Life Support Agency licensed at Basic Life Support or higher or other organization providing health care services. This is a State exam therefore you will submit your application to the State rather than the National Registry.

1. Complete the two (2) page application form and submit it with the appropriate fee to the EMS & Trauma Systems Section within two years of course completion. **Application fees are non-refundable.**
2. Enter your education program sponsor's name and date of course completion.
3. If you have a yes answer to question number 1 or 2 on page 2 of the application, be sure to enclose a criminal conviction form DCH-HLD-002 (7/04) or signed explanation including offense, dates, location and other pertinent information.
4. Complete your license information on question 3 (you must be currently licensed in Michigan), sign and date the application.
5. Complete Part I of the Verification of Field Experience Form. Forward it to the agency director or licensed physician for completion of Part II verifying your **FIELD experience** as an EMT, EMT-Specialist, or Paramedic. Completion of this form verifies that you have completed the field experience, for a minimum of three years, providing direct patient care either with a Life Support Agency licensed at Basic Life Support or higher or other organization providing health care services. If you have worked for more than one agency during the three-year period you may copy this form and submit it to more than one agency director.

NATIONAL REGISTRY

P.A. 375, which passed in December 2000, enables Michigan to use the National Registry for Emergency Medical Technicians (NREMT) examinations for MFR's, EMT's, EMT-Specialist (Intermediate 85) and Paramedics. Michigan implemented National Registry in August of 2001.

TO APPLY FOR THE NATIONAL REGISTRY EXAM

Applications for the National Registry written exam are done online at www.nremt.org. Once you have completed the application process you will be prompted to make arrangements to schedule a computer based test.

Applications for the Michigan EMT and National Registry advanced practical examinations can be requested from one of the following agencies:

Lower Peninsula Testing

SWM SYSTEMS, INC.
5555 Gull Road, Suite 307
Kalamazoo, MI 49001
(269) 385-2806

Upper Peninsula Testing

UP EMS
2803 U.S. Hwy 41 W
Marquette, MI 49855
(906) 228-4182

Complete the appropriate exam reservation form. Send the form and exam administration fees to either of the above agencies.

LICENSING AT A LOWER LEVEL

A paramedic, EMT-Specialist, or EMT holding an active license (current or within 60 day grace period) may qualify to apply for licensure at a lower level. Complete the application form for a new license, checking the box for the lower level you wish to apply for. Submit along with the fee to the EMS & Trauma Systems Section with verification of having earned the required continuing education for that level as if the individual were merely renewing their license at the lower level and a copy of your current CPR card.

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APPLICATION FOR LICENSURE

Authority: Public Act 368 of 1978, as amended.
 If this form is not complete a license will not be issued.

State Office Use Only

Type or Print Only

I AM APPLYING BY:

- ☐ Exam (Michigan course completion within 2 years)
- ☐ Exam (Out-of-State course completion within 2 years)
- ☐ Reciprocity/Endorsement (currently licensed in another state)
- ☐ National Registry Status only

I AM APPLYING FOR THE FOLLOWING (Check ONE only)

- ☐ **Medical First Responder: No fee required**
- ☐ **Emergency Medical Technician (Basic) – Fee: \$40.00 71-3203-01**
- ☐ **EMT-Specialist (NR-Intermediate 85) – Fee \$60.00 71-3202-01**
- ☐ **Paramedic – Fee: \$80.00 71-3201-01**
- ☐ **EMS Instructor/Coordinator Exam/License – Fee: \$100.00 71-3205-08**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH. Fees are deposited upon receipt and are NON-REFUNDABLE.**

First Name	Middle Name	Last Name
U.S. Social Security Number		Date of Birth
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (If Applicable)		Daytime Phone Number

EDUCATION INFORMATION:

Education Program Sponsor (Name and Location)	Date of Course Completion
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NATIONAL REGISTRY EXAM INFORMATION (Instructor Coordinators do not complete):

Date you passed the National Registry PRACTICAL Exam	Date you passed the National Registry WRITTEN Exam
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Name	Social Security Number
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Check the appropriate answer to each of the following questions.

1. Have you been convicted of a misdemeanor or felony, other than minor traffic violations? NOTE: Attach a detailed explanation or criminal conviction form DCH-HLD-002 (7/04) for a Yes answer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined, been denied a license or currently have disciplinary action pending against you? NOTE: Attach a detailed explanation for a Yes answer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you hold, or have you ever held an emergency medical services license in any state? List each state, including Michigan, the license number, and the date issued. For states other than Michigan you must have each state's licensing agency verify licensure directly to this office. (Attach additional sheets, if necessary)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State	License/Registration Number	Date of Issue

CERTIFICATION

I certify that I am the person named on this application and that all statements are true. I understand that my Education Program Sponsor shall be made aware of my examination results. Once licensed, I will comply with all applicable state laws and rules.

I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize the agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.

I further consent to the release of information to this agency regarding any discipline investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state of the United States, military branch of the federal government or any sovereign nation.

The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation may be punishable by law.

Signature	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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VERIFICATION OF OUT-OF-STATE LICENSURE

Authority: Public Act 368 of 1978, as amended.

PART I – To be completed by the applicant and forwarded to the appropriate State Licensing Agency for completion.

Please indicate the level of licensure for which you are requesting verification:		
<input type="checkbox"/> Medical First Responder	<input type="checkbox"/> Emergency Medical Technician	<input type="checkbox"/> EMT-Specialist/Intermediate 85 <input type="checkbox"/> Paramedic
First Name	Middle Name	Last Name
All Previous Names and/or Birth Names Used (if applicable)	Date of Birth	Social Security Number
State Agency	License Number	Date of Issue

The applicant named above has applied for licensure in Michigan and has indicated licensure on your state. Please complete Part II of this form and return it to the address shown above.

PART II – To be completed by the State Licensing Agency

License Type	License Status <input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	Expiration Date
Has the applicant incurred and disciplinary proceedings in your State? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach certified copies of any actions.)		Are disciplinary proceedings pending? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended, or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach certified copies of any actions.)		
If applying for MFR , Did the applicant's training include the following: <input type="checkbox"/> Spinal Immobilization		
If applying for EMT , Did the applicant's training include the following? <input type="checkbox"/> Double lumen airway		
If applying for EMT Specialist (Intermediate 85) , Did the applicant's training include the following (check the appropriate box(es))? <input type="checkbox"/> IV Therapy (fluid replacement only) <input type="checkbox"/> Endotracheal intubation <input type="checkbox"/> Double lumen airway		
If applying for Paramedic , Did the applicant's training include (check the appropriate box(es))? <input type="checkbox"/> IV Therapy <input type="checkbox"/> Medication administration <input type="checkbox"/> Endotracheal intubation <input type="checkbox"/> Manual defibrillation		
If this person is currently licensed as an EMT Specialist (Intermediate 85) or Paramedic, do they currently hold or have they held in the past, certification/licensure at the EMT level? <input type="checkbox"/> No <input type="checkbox"/> Yes		

CERTIFICATION

I hereby certify that, to the best of my knowledge, the information above is true to the records of this Board.

Signature _____

Date _____

Type or Print Name _____

Title _____

Name of Licensing Agency _____

Phone Number _____

(S E A L)

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency

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VERIFICATION OF OUT-OF-STATE EMS EDUCATION PROGRAM

Authority: Public Act 368 of 1978, as amended.

SECTION I – APPLICANT INFORMATION

Instructions: Applicant complete Section I of this form if you have completed a program in the last 2 years but have not been issued a license by another state agency. Type or print your name exactly as it appears on your application. Send this form to the Program Administrator of your EMS program for completion of Section II and then have the Administrator send it directly to the Emergency Medical Services Personnel office at the address given above.

First Name	Middle Name	Last Name	
Social Security Number		Date of Birth	
Street Address	City	State	ZIP Code
All Previous Names and/or Birth Names Used (if applicable)			Daytime Telephone Number

SECTION II – CERTIFICATION OF EMS EDUCATION PROGRAM

Instructions: Instructor complete Section II and return it directly to the Emergency Medical Services Personnel office at the address given above.

Name of Educational Facility	Telephone Number
Street Address of Facility	City, State and ZIP Code
Level of Education <input type="checkbox"/> MFR <input type="checkbox"/> EMT <input type="checkbox"/> EMT specialist <input type="checkbox"/> Paramedic	Course Completion Date
Has the applicant incurred and disciplinary proceedings in your State? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach certified copies of any actions.)	Are disciplinary proceedings pending? <input type="checkbox"/> No <input type="checkbox"/> Yes
MFR Did the applicant's training include the following: <input type="checkbox"/> Spinal Immobilization	
EMT Did the applicant's training include the following: <input type="checkbox"/> Double lumen airway	
EMT Specialist (Intermediate 85) Did the applicant's training include the following (check the appropriate box(es))?: <input type="checkbox"/> IV Therapy (fluid replacement only) <input type="checkbox"/> Endotracheal intubation <input type="checkbox"/> Double lumen airway	
Paramedic Did the applicant's training include (check the appropriate box(es))?: <input type="checkbox"/> IV Therapy <input type="checkbox"/> Medication administration <input type="checkbox"/> Endotracheal intubation <input type="checkbox"/> Manual defibrillation	
If this person is currently licensed as an EMT Specialist (Intermediate 85) or Paramedic, do they currently hold or have they held in the past, certification/licensure at the EMT level? <input type="checkbox"/> No <input type="checkbox"/> Yes	
I hereby certify that _____ completed all requirements for a <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ on _____ Level Earned</div> <div>_____ Month / Day / Year</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Signature _____</div> <div>Date _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Type or Print Name _____</div> <div>Title _____</div> </div>	

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VERIFICATION OF THREE YEARS OF FIELD EXPERIENCE FOR INSTRUCTOR COORDINATOR APPLICANTS

To qualify for an Instructor Coordinator license, an applicant must have completed an I/C education course, be currently licensed as an EMT, EMT-Specialist or Paramedic and have three years field experience as an EMT.

Part I: To be completed by the applicant and forwarded to the Licensed Life Support Agency Director or other organization providing health care services licensed physician for completion.

First Name	Middle Name	Last Name
Street Address		
City	State	ZIP Code
Current Michigan EMS License Number (Must be currently licensed in Michigan at another level)		Date Issued
U. S. Social Security Number	Date of Birth	Daytime Phone Number

Part II: To be completed by the Licensed Life Support Agency Director or other health care services licensed physician where the applicant obtained their field experience.

Name of Agency		
Street Address		Telephone Number
City	State	ZIP Code
<p>The above named applicant has completed FIELD experience as an EMT, EMT-Specialist, or Paramedic, providing direct patient care either with a Life Support Agency licensed at Basic Life Support or higher or other organization providing health care services. Please indicate the time this applicant has met this requirement with your agency.</p> <p>This is to certify that _____ has worked</p> <p style="text-align: center;">Applicant's Name</p> <p>from _____ to _____ meeting all of the above requirements.</p> <p style="text-align: center;">(mm/dd/yy) (mm/dd/yy)</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Signature of Agency Representative</p> <p>_____ Print or Type Agency Representative Name</p> </div> <div style="width: 45%;"> <p>_____ Date of Signature</p> </div> </div>		

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